



COMMONWEALTH of VIRGINIA

Robert B. Stroube, M.D. M.P.H.
State Health Commissioner

Department of Health
Office of Emergency Medical Services

109 Governor Street Suite UB-55
Richmond, VA 23219
1-800-523-6019 (VA only)
804-864-7600
FAX: 804-864-7580

Gary R. Brown
Director

P. Scott Winston
Assistant Director

APPLICANT INFORMATION FORM

RECIPROCITY AND LEGAL RECOGNITION FOR VIRGINIA EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

PLEASE COMPLETE THE FOLLOWING:

NAME: _____

CURRENT EMT CERTIFICATION WAS ISSUED BY--- (Complete one)

State of: _____ or National Registry of EMTs: _____

EMT CERTIFICATION NUMBER:

State #: _____ or NREMT #: _____

SOCIAL SECURITY NUMBER: _____ (Enter If Not Used as State # Above)

VIRGINIA EMS CERTIFICATION NUMBER (If previously assigned):

CPR CERTIFICATION HELD: (Check one)

American Heart Assoc. – “Healthcare Provider” _____ American Red Cross – “Professional Rescuer” _____

American Safety and Health CPR-PRO _____ National Safety Council – “Professional Rescuer” _____ Medic First Aid – “BLSPRO” _____

NEED FOR VIRGINIA CERTIFICATION--- (Check one)

Virginia Resident: _____ -OR- EMS Agency / Employment Affiliation: _____

Virginia EMS Agency/Employer:

EMS AGENCY / EMPLOYER VERIFICATION--- (Required for non-Va. residents):

I hereby verify that the individual named above is affiliated with or employed (or has been offered employment) by the organization listed above; which represents their need for EMT certification in Virginia.

Signed: _____ Date: ____/____/____

Title: _____
(The information requested on this form may be submitted in letter format in lieu of form.)

